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August 16, 2010

**FedEx: 8690-8939-8901**

Document Processing Desk – 6(a)(2)  
Office of Pesticide Programs  
Document Processing Room S-4900  
One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202

I022153  
-001

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

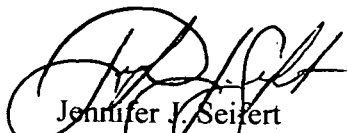
In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on August 13, 2010.

Enclosed please find the following item:

1. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-23636191)

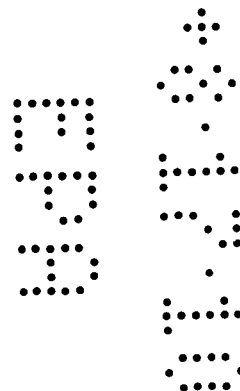
If you should have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,  
Hacco, Inc.

  
Jennifer J. Seifert  
Manager, Regulatory Affairs

Enclosures

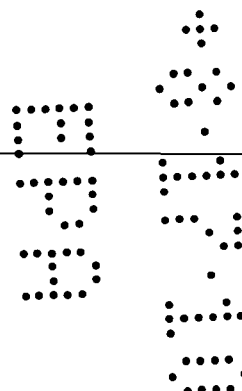
JJS/tla



# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: <b>James Rahm</b>		Submission date:	Contact person (if different than reporter)	Internal ID <b>1-23636191</b>
Administrative Data	Address: <b>Carrollton Missouri</b>			Address:	
	Phone #: <b>(660) 542-0927</b>			Phone #:	
	Incident Status: <b>New</b>	Location and date of incident <b>Carrollton Missouri Unknown</b>	Date registrant became aware of incident: <b>7/30/2010</b>	Was incident part of larger study?	
Row 2	EPA Registration # (Product 1) <b>61282-26</b>		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <b>Diphacinone</b>		A.I. (s)		A.I. (s)
	Product 1 Name <b>Ramik Mini Bars All Weather Rat &amp; Mouse Killer</b>		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <b>NA</b>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation		Formulation		Formulation
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Public Area</b>		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <b>See Description Notes</b>	
	Applicator certified PCO? <b>Not applicable</b>				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>				



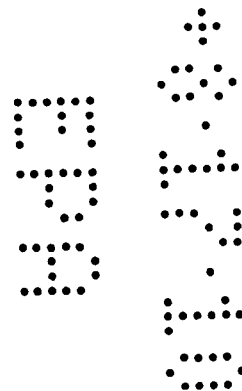
*7/30/2010 10:44:59 AM Ramik Mini-bar*

*HX: Caller is an attorney representing a client who, he surmises, might have inhaled some of the roadside minibars dust after it had been liquified over the course of wintering and following Spring rainfall. His client operates a road grader, and he suspects that the dust might have wafted into the road grader cab as he was doing his road work. Caller states that his client developed diabetes with pancreatic and liver shutdown. He would like to have a product MSDS.*

*REC: This history suggests little likelihood that product is involved in your client's ill health. Discussed product's coagulopathic properties. Will fax MSDS, as agreed.*

*REC: Product has virtually no toxicity under described circumstances. Toxicity displays as bleeding - his symptoms are neither typical nor characteristic, nor scientifically explainable as product-related. Will forward MSDS.*

*7/30/2010 10:52:48 AM MSDS faxed to Mr. Rahm*



# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <b>Unknown Adult (18-64)</b> Sex: <b>Male</b> Occupation: (if relevant)	Exposure route: <b>Unknown</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)?  <b>Not applicable</b>
If female, pregnant? <b>Did not query</b>	Was exposure occupational? <b>No</b> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <b>See Symptoms</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>HCF</b>	List signs/symptoms/adverse effects.  <b>Other/Not In List - Pancreatic damage, Unable to determine; Liver failure/dysfunction, Unable to determine; Other miscellaneous - Diabetes, Unable to determine;</b>		If lab tests were performed, list test names and results (If available, submit reports).  <b>Not Reported</b>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <b>HB</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
**1-23656191**

Hacco Inc

FIFRA Single Incident Summary Report

07/01/2010 to 07/31/2010

1-23636191

07/01/2010